

## The Prediction Conundrum

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### Introduction

An incident of risk is essentially an entity that can be described as a behaviour attributable to a person, a place, and a time. However, concepts of *prevention*, containment, and minimisation require that we do more than simply describe events after they have occurred.

The real or potential consequences of risk drive a moral need to do what we can to mitigate such negative outcomes. But, risk cannot be eliminated, incidents do happen... and those involved are sometimes left to pick up the pieces, despite any lack of intent or anticipation of a devastating outcome.

### Prediction

Access information, determine the risk factors, identify the early warning signs and develop a clear and comprehensive plan of intervention. *Prediction* could not be simpler and prevention must surely be the outcome. This assumption relies on good quality assessment tools; but probably also on people remaining consistent in their behaviour patterns. Both of these assumptions are somewhat dangerous to rely on. We know that people are not consistent in their behaviour, even without the experience of mental health problems. It is also safe to say that our current assessment of situations and of the precipitants of incidents is better in hindsight. Furthermore, the real purpose behind the design and use of some assessment tools is not necessarily supportive of best practice, being more concerned with an administrative audit requirement.

Moore (1996) suggests, in relation to violence, *"The many and diverse pieces of research about the prediction of risk differ widely on almost every point except one... that we are not very good at it."* Opinions differ from 60-70% accuracy at the optimistic end, to 5% at the pessimistic end of the spectrum. Arguably, little has changed in practice across the ensuing years.

A number of factors may influence our predictive abilities in relation to the assessment of risks:

- Incidence is rare and predictors are crude.
- Research focuses on completed events and may not necessarily generalise as accurate prediction.
- Short-term and long-term risks are different.
- Most risk factors, with the exception of gender, fluctuate in magnitude.
- Most studies focus on generalised group characteristics, which are not necessarily helpful for prediction with individuals.
- A range of psychological biases, including real or perceived organisational priorities and motivations.

## Potential impact on Staff

The pressure of expectations around prediction, and subsequent fear of blame for failure, can lead to what Moore (1996) calls *repetitive doubt syndrome*. Symptoms experienced by practitioners may include:

- Irritability.
- Fatigue.
- Loss of morale.
- Premature ageing.
- A deep sense of being misunderstood and abused.

Unhelpful personal responses to these symptoms would be:

- Developing an artificial sense of certainty about decisions.
- Translating suspicions into definite theories.
- Accepting anecdotal evidence as the rule.
- Allowing prejudices to become accepted indicators.

In order to offset these unhelpful responses requires *humility, tolerance of doubt, and adherence to good practice through the following risk assessment framework:*

1. Define the behaviour to be predicted.
2. Distinguish between *probability* and *cost* of the behaviour.
3. Be aware of probable sources of error:
  - Attributes of the person being assessed e.g. a poor informant
  - Attributes of the assessor e.g. rigid personal values
  - Attributes of the context e.g. agency bias towards one source.
4. Take into account both internal (psychological/emotional) and external (practical/social) factors.
5. Check whether all necessary accessible information has been gathered.
6. Identify if and when other specialists need to be involved.
7. Plan key interventions.
8. Predict the factors likely to increase or decrease future risk, within the context you are working with.
9. Have an explicit understanding of what can realistically be achieved within the realms of human behaviour.
10. Document key information influencing your process of reasoning... in real time.
11. Take a proactive approach to individual and group support and supervision.

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## Reference

Moore, B. (1996) *Risk Assessment: a Practitioners Guide to Predicting Harmful Behaviour*. London: Whiting and Birch.